Complete Summary

GUIDELINE TITLE

Pressure ulcer risk assessment and prevention.

BIBLIOGRAPHIC SOURCE(S)

Royal College of Nursing. Pressure ulcer risk assessment and prevention. London: Royal College of Nursing; 2001 Apr. 36 p. [70 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pressure ulcers

GUIDELINE CATEGORY

Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Nursing
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Hospitals
Nurses
Occupational Therapists
Patients
Physical Therapists
Physicians
Students

GUIDELINE OBJECTIVE(S)

To help reduce the occurrence of pressure ulcers by providing health care professionals with recommendations that are intended to:

- Help early identification of patients at risk of developing pressure ulcers
- Suggest preventive interventions
- Point out practice that may be harmful or ineffective

TARGET POPULATION

Primarily, patients (adults and children) who have no pressure ulcers, seen in hospitals, nursing homes, supported accommodations and at home. Patients with pressure ulcers will also benefit from measures to prevent additional pressure ulcers from developing on other areas of the body.

INTERVENTIONS AND PRACTICES CONSIDERED

Risk Assessment/Prognosis

1. Identifying individuals at risk with formal and informal assessments
2. Use of risk assessment scales as an adjunct to clinical judgment (for example, Anderson, Braden, Knoll, Norton, Pressure Sore Prediction Scale and Waterlow)
3. Recognising intrinsic and extrinsic risk factors
4. Skin inspection

Prevention

1. Pressure redistributing devices, such as pressure redistributing mattresses and overlays
2. Use of aids
3. Positioning and repositioning, including establishing schedules for repositioning
4. Seating and use of seat cushions
5. Education and training of health care professionals and patients and carers regarding risk assessment and prevention strategies

Note: The guideline developers consider essentials of care, including nutrition, continence management and hygiene, however they do not offer specific recommendations

MAJOR OUTCOMES CONSIDERED

- Efficacy of measures to identify patients at risk of developing pressure ulcers (e.g., sensitivity, specificity, and predictive values of risk assessment scales)
- Efficacy of prevention measures in reducing the risk of pressure ulcers
- Incidence of pressure ulcers

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Topics selected for review were those chosen both on the basis of their practical relevance to health care professionals and because improvements in the management of these areas will have the greatest impact on patient outcomes.

Risk assessment tools and pressure redistributing devices have recently been the subject of systematic review. The reviews served as the evidence base for recommendations about these two topics. Other areas had not been the subject of recent systematic review but were included in the Agency for Health Care Policy and Research (AHCPR) guideline published in 1992 (Pressure ulcers in adults: prediction and prevention Rockville [MD]: U.S. Department of Health and Human Services, Public Health Service, AHCPR; 1992 May. 63 p. [Clinical practice guideline; no. 3]).

These included: strategies to maintain tissue tolerance, skin care, manual repositioning, protecting against the adverse effects of external mechanical forces, effectiveness of educational strategies, and nutritional assessment.

It was therefore necessary to update the Agency for Health Care Policy and Research literature base on these topics. The aim of this review was to critically appraise the research literature that had emerged since 1991.

Computerised searches were developed with a systematic reviews librarian. MEDLINE, CINAHL, EMBASE, SIGLE, DISSERTATION ABSTRACTS and PSYCHLIT were searched using the key words: pressure sores, pressure ulcer, pressure damage; decubitus ulcer or sore; bed sore and other related index or MESH terms. The period of the search was from 1991 to mid-1998, to follow on from the Agency for Health Care Policy and Research cut-off date.

In the first instance, the search strategy did not exclude any pressure ulcer article and picked up a full range of material from letters to primary research studies.

Hand-searches of material not indexed on these databases (such as conference proceedings) were also carried out. Information from the following conference proceedings was searched: Proceedings of European Conferences on Advances in Wound Management 1991-1999 and the Annual Symposium on Advanced Wound Care 1990-1999.

The following journals were hand-searched: Decubitus 1991-mid 1999; Journal of Tissue Viability 1991-mid 1999; Journal of Wound Care 1991-2000.

Efforts were made to identify unpublished studies. SIGLE, National Health Service (NHS) Research Register, British Library databases (humanities and social sciences; science reference and information service; document supply centre: books and reports/conference proceedings), CINAHL (also includes books and non-journal materials) were searched for all topics. The advisory group was also asked to nominate any unpublished research that had been missed by the above strategies.

NUMBER OF SOURCE DOCUMENTS

- 56 articles were found appearing to be clinically relevant and fulfilling first sift criteria.
- 12 articles were sent for review fulfilling criteria.
- 5 articles were accepted to inform evidence base of guideline.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Eligibility of Studies

General inclusion criteria:

Articles were eligible for inclusion if they were: primary research studies or reviews of primary studies; published/written up between 1991 and mid-1998; published in peer reviewed journal; human studies; reported to the highest standards of methodology and results; of any language.

General exclusion criteria:

Articles were excluded based on the following criteria: they were covered by dates from the two externally-used systematic reviews (checked off at a later date); they did not meet the quality criteria – such as case reports, uncontrolled studies – or were severely flawed; when methods were not presented and/or methods lacked rigor; when the advisory group made a decision not to include – for example if not clinically relevant to the guideline; when the material was not within the scope of the guideline, such as wound care or surgical management.

Specific inclusion and exclusion criteria for pressure ulcer risk assessment and prevention are described in the guideline document.

Sifting Process

Having downloaded the results of the literature searches from various electronic databases, the abstract was scanned for clinical relevance.

Articles that failed this first sift, conducted on the basis of the downloaded abstract, were clearly not of clinical relevance and/or were not the gold standard study design. Having obtained full articles of those that passed the first sift, articles then failed the second sift if on closer inspection they were not as promising as appeared from the abstract – for example, not a randomized clinical trial or other designated gold standard study design.

However, some studies that had some (minor) methodological errors but appeared to have some important messages were forwarded for critical comment.

Critical Appraisal Process

Standardised critical appraisal checklist sheets incorporated both a structured data extraction form to record details from the studies in a reproducible fashion and quality criteria pertinent to each research design. These were used to assess articles for applicability of findings, validity, design characteristics and study conduct in a reproducible fashion. These were based on formats recommended by both the Cochrane Collaboration (1996) and the National Health Service Centre for Reviews and Dissemination (1997). Two main categories of flaws (fatal and minor) in the quality checklist are described in the guideline document.

Depending on the study design and review question, data were extracted as follows: design, objective(s), methods, participants/setting, sampling strategies, measurement tools, interventions, outcomes, length of follow-up, attrition, results, analysis.

Data extraction and validity assessments were made by one un-blinded reviewer, who had previous training in critical appraisal, a background in nursing or medicine and in pressure ulcer risk assessment and prevention. If there were questions over a particular article´s validity or applicability on first appraisal, it was subsequently sent for appraisal by a second reviewer.

Evidence Tables

Only 5 articles were accepted to be included in the update of the Agency for Health Care Policy and Research (AHCPR) guideline literature base; therefore, only one evidence table was developed. This table includes a brief overview of each of the 5 studies, including design and sampling strategies, comments on any potential weakness inherent in the studies, findings and conclusions.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Nominal Group Technique)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The formal consensus development process was based on a modified nominal group technique (see the guideline´s technical report* for rationale and full details). Ten people, who reflected the full range of those to whom the guideline will apply, were recruited to the nominal group (see group membership in Appendix 5 of the original guideline document). Prior to a meeting, participants were asked to rate statements that had been devised from the Agency for Health Care Policy and Research guideline recommendations, systematic reviews, other literature and current practice issues. They were asked to rate on a 1 through 9 scale (where 1 represented least agreement and 9 most agreement) their agreement with these statements taking into account the research evidence and their clinical expertise. The first rating was conducted by post.

The nominal group met in November 1999. The distribution of responses to each statement was presented to group members during the consensus meeting alongside each member´s response to that statement. This enabled participants to see the spread of views and how their response related to this. At the nominal group meeting each statement was discussed and then re-rated privately by each participant. The median (measurement of central tendency or average) and inter-quartile range (measure of distribution) was calculated for each statement from the ratings of the second round.

The recommendations were drafted based on the panel´s level of agreement about issues. If a statement´s median was 7 through 9, it was developed into a practice recommendation.

* Rycroft-Malone J, McInness E. Pressure ulcer risk assessment and prevention. Technical Report. London: Royal College of Nursing, 2000. 105 p. Electronic copies: Available in Portable Document Format (PDF) from the Royal College of Nursing Web site.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

The recommendations were graded as follows:

I. Generally consistent finding in multiple acceptable* studies.
II. Either based on a single acceptable* study, or a weak or inconsistent finding in multiple acceptable* studies.

III. Limited scientific evidence which does not meet all the criteria of acceptable* studies or absence of directly applicable studies of good quality. This includes expert opinion.

* "Acceptable" for this guideline refers to those that have been subjected and approved by a process of critical appraisal.

COST ANALYSIS

The Cost of Pressure Ulcers

Pressure ulcers represent a major burden of sickness and reduce quality of life for patients and their carers – requiring prolonged contact with the health care system, and causing pain, discomfort and inconvenience. The financial costs to the National Health Service (NHS) are also substantial. Preventing and treating pressure ulcers in a 600-bed general hospital costs between £600,000 and £3 million a year, excluding litigation costs.

Costs Associated with Recommendations

There is an absence of economic evaluations in this area.Therefore the costs of the various strategies were not explicitly considered when developing the guideline. However, it is proposed that identifying at-risk patients and initiating preventive strategies are likely to be more cost-effective than allowing pressure ulcers to develop.

One analyst calculated the treatment costs of pressure ulcers of grades 0/1, 2, 3 and 4 as £2,500, £7,500, £15,000-20,000 and £40,000 respectively.The cost to the patient cannot be so easily expressed. Established ulcers incur substantial costs in terms of wound care preparations, staff time, possible prolonged bed occupancy, and patient quality of life and should therefore be prevented where at all possible.

For some of the recommendations, a range of resources will need to be considered such as access to beds, pressure relieving devices, and moving and handling equipment. Another study found that the cost of this equipment varies widely, from over £30,000 for some bed replacements to less than £100 for some foam overlays. Many clinical areas will already have access to equipment but this is not always the case – especially for the pressure redistributing overlays/mattresses on operating tables, which are supported by relatively recent and convincing evidence for use in high-risk individuals. Local decisions need to be made about the access and purchase of equipment in the light of available resources. Consideration also needs to be given to the ongoing costs of equipment maintenance and replacement.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A draft copy of the guideline was circulated for review by the advisory group prior to its publication. This was conducted by mail. All group members were asked to comment on the same issues to ensure standardization. Written comments were received from 30 members of the group. These 30 people were felt to reflect an appropriate cross section of those to whom guideline will apply and represented 85% of the potential respondents. Comments were mainly confined to wording, organization of material and typographical errors (n=28). This written feedback was incorporated into the guideline prior to publication.

Additionally, a representative of the UK National Health Service Supplies reviewed a pre-publication draft of the recommendations to consider their potential impact on the supply and cost of devices to the UK National Health Service.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The recommendation grades (I-III) showing the type of evidence supporting each recommendation are defined at the end of the "Major Recommendations" field.

Identifying Individuals 'At Risk'

- Assessing an individual's risk of developing pressure ulcers should involve both informal and formal assessment procedures (III).
- Risk assessment should be carried out by personnel who have undergone appropriate and adequate training to recognise the risk factors that contribute to the development of pressure ulcers and how to initiate and maintain correct and suitable preventive measures (III).
- The timing of risk assessment should be based on each individual case. However, it should take place in under six hours of the start of admission to the episode of care (III).
- If considered not at risk on initial assessment, reassessment should occur if there is a change in an individual´s condition (III).
- All formal assessments of risk should be documented/recorded and made accessible to all members of the inter-disciplinary team (III).

Use of Risk Assessment Scales

- Risk assessment tools should only be used as an aide memoire and should not replace clinical judgment (I).
- If use of a risk assessment tool is preferred, it is recommended that a scale that has been tested for use in the same specialty is chosen (III).

Risk Factors

- An individual's potential to develop pressure ulcers may be influenced by the following intrinsic risk factors which therefore should be considered when performing a risk assessment: reduced mobility or immobility; sensory impairment; acute illness; level of consciousness; extremes of age; vascular disease; severe chronic or terminal illness; previous history of pressure damage; malnutrition and dehydration (II).

- The following extrinsic risk factors are involved in tissue damage and should be removed or diminished to prevent injury: pressure; shearing and friction.
- An individual's potential to develop pressure ulcers may be exacerbated by the following factors, which therefore should be considered when performing a risk assessment: medication and moisture to the skin.

Skin Inspection

- Skin inspection should occur regularly; the frequency of inspections should be determined in response to changes in the individual's condition in relation to both deterioration or recovery (III).
- Skin inspection should be based on the individualised assessment of the most vulnerable areas of risk and therefore may include different or more areas which require inspection than those identified here: heels; sacrum; ischial tuberosities; parts of the body affected by anti-embolic stockings; parts of the body where pressure, friction and shear is exerted in the course of an individual's daily living activities; parts of the body where there are external forces exerted by equipment and clothing; elbows; temporal region of skull; shoulders; back of head and toes.
- Individuals who are willing and able should be encouraged, following education, to inspect their own skin.
- Individuals who are wheelchair users should use a mirror to inspect the areas that they cannot see easily or get others to inspect them.
- Health care professionals should to be vigilant to the following signs that may indicate incipient pressure ulcer development: persistent erythema; non-blanching erythema; blisters; discolouration; localised heat; localised oedema and localised induration. In those with darkly pigmented skin: purplish/bluish localised areas of skin; localised heat, which, if tissue becomes damaged, is replaced by coolness; localised oedema; and localised induration.
- Any skin changes should be documented/recorded immediately.

Pressure Redistributing Devices

- Decisions about which pressure redistributing device to use should be based on an overall assessment of the individual and not solely on the basis of scores from risk assessment scales. Holistic assessment should include level of risk, comfort and general health state (I).
- 'At risk' individuals should not be placed on standard foam mattresses (I).
- Patients at very high risk of developing pressure ulcers should be placed on alternating pressure mattresses or other high-tech pressure redistributing systems (II).
- Pressure redistributing overlays should be used on the operating table of individuals assessed to be at high risk of pressure ulcer development (I).
- To ensure continuity of preventive care, post-operative management of at risk individuals should include the use of pressure redistributing mattresses (III).
- Repositioning should occur when individuals are on pressure redistributing devices (III).
- The benefits of a pressure-redistributing device should not be undermined by prolonged chair sitting (III).

Use of Aids

- The following should not be used as pressure relieving aids: water filled gloves; synthetic sheepskins; genuine sheepskins and doughnut-type devices (III).

Positioning

- Individuals who are 'at risk' of pressure ulcer development should be repositioned and the frequency of reposition determined by the results of skin inspection and individual needs not by a ritualistic schedule (III).
- Repositioning should take into consideration other aspects of an individual's condition – for example, medical condition, comfort, overall plan of care and support surface.
- Individuals who are considered to be acutely at risk of developing pressure ulcers should sit out of bed for less than two hours.
- Positioning of patients should ensure that: prolonged pressure on bony prominences is minimised; bony prominences are kept from direct contact with one another and friction and shear damage is minimized.
- A written/recorded re-positioning schedule agreed with the individual, should be established for each person 'at risk'.
- Individuals/carers who are willing and able should be taught to redistribute their own weight.
- Manual handling devices should be used correctly in order to minimise shear and friction damage. After maneuvering, slings, sleeves or other parts of the handling equipment should not be left underneath individuals.

Seating

- Seating assessments for aids and equipment should be carried out by trained assessors who have the acquired specific knowledge and expertise (for example, physiotherapists/occupational therapists) (III).
- Advice from trained assessors with acquired specific knowledge and expertise should be sought about correct seating positions.
- Positioning of individuals who spend substantial periods of time in a chair or wheelchair should take into account: distribution of weight; postural alignment and support of feet.
- No seat cushion has been shown to out-perform another, therefore no recommendation can be made about which type to use for pressure redistribution purposes.

Education and Training

- Health care professionals should be trained/educated in pressure ulcer risk assessment and prevention (II).
- Health care professionals with recognised training in pressure ulcer management should cascade their knowledge and skills to their local health care teams.
- An inter-disciplinary approach to the training and education of health care professionals should be adopted.
- Training and education programmes should include: risk factors for pressure ulcer development; pathophysiology of pressure ulcer development; the limitations and potential applications of risk assessment tools; skin assessment; skin care; selection of pressure redistributing equipment; use of

pressure redistributing equipment; maintenance of pressure redistributing equipment; methods of documenting risk assessments and prevention activities; positioning to minimise pressure, shear and friction damage including the correct use of manual handling devices; roles and responsibilities of inter-disciplinary team members in pressure ulcer management; policies and procedures regarding transferring individuals between care settings; patient education and information giving.

- Patients who are able and willing should be informed and educated about risk assessment and resulting prevention strategies. This strategy where appropriate should include carers (III).
- Patient/carer education should include providing information on the following: the risk factors associated with them developing pressure ulcers; the sites that are of the greatest risk to them of pressure damage; how to inspect skin and recognise skin changes; how to care for skin; methods for pressure relief/reduction; where they can seek further advice and assistance should they need it; emphasize the need for immediate visits to a health care professional should signs of damage be noticed.

Definitions:

Recommendation Grade

I. Generally consistent finding in multiple acceptable* studies.
II. Either based on a single acceptable* study, or a weak or inconsistent finding in multiple acceptable* studies.
III. Limited scientific evidence which does not meet all the criteria of acceptable* studies or absence of directly applicable studies of good quality. This includes expert opinion.

* "Acceptable" for this guideline refers to those that have been subjected and approved by a process of critical appraisal.

CLINICAL ALGORITHM(S)

A algorithm is presented as a "Quick Reference Guide" in the original guideline document.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline is evidence-linked, rather than evidence-based. The recommendations for this guideline were derived directly from the statements agreed in the formal consensus process and from key evidence-based findings from the systematic reviews.

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Quantification of the expected health care benefits resulting from the application of the recommendations was not possible, due to the poor quality and heterogeneity of much of the research literature. It is thought that early identification of at-risk individuals and initiation of preventive measures may reduce pressure ulcer development. The expected health benefit of following the recommendations would therefore be the absence of a pressure ulcer(s).

The costs of the various strategies were not explicitly considered when developing the guideline. However, it is proposed that identifying at-risk patients and initiating preventive strategies are likely to be more cost-effective than allowing pressure ulcers to develop.

Subgroups Most Likely to Benefit:

Patients at higher risk for developing pressure ulcers are most likely to benefit from these recommendations, including the following:

- Patients with reduced mobility or immobility
- Patients with sensory impairment
- Patients with acute illness
- Patients with decreased level of consciousness
- Patients of age extremes (older than 65 and younger than 5 years)
- Patients with previous history of pressure damage
- Patients with vascular disease
- Patients with severe chronic or terminal illness
- Patients with malnutrition and dehydration
- Patients with extrinsic factors, such as pressure, shearing or friction of the skin
- Patients taking certain medications, such as sedatives and hypnotics, analgesics, inotropes, non-steroidal anti-inflammatory drugs

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- As with any clinical guideline, recommendations may not be appropriate for use in all circumstances. Clearly a limitation of a guideline is that it simplifies clinical decision-making. Decisions to adopt any particular recommendations must be made by the practitioner in the light of: available resources; local services, policies and protocol; the patient's circumstances and wishes; available personnel and equipment; clinical experience of the practitioner; knowledge of more recent research findings.

- The guideline recommendations were formed on the basis of a number of different evidence sources. Given that in a seemingly "objective" guideline development process, the opportunities for subjectivity to interfere are many and varied, the possibility of elements of subjectivity creeping into this guideline´s development is recognized. Refer to the original guideline document for a detailed critique of the consensus development methods in the development of a clinical guideline.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Passive dissemination of the guideline will be achieved via:

- The Royal College of Nursing networks and fields of practice
- Database of interested parties wishing to receive the guideline
- The partner/collaborating organizations
- Tissue viability networks
- Publications in specialist and professional journals and press
- Presentations at conferences

The audit criteria included in the original guideline document will help practitioners to develop their own context specific audit tools. Additionally, as part of the on-going work of the Royal College of Nursing's Quality Improvement Programme, the guideline developers are planning to develop a set of documents on the pressure ulcer risk assessment and prevention guideline, including:

- the guideline (in all its formats)
- a patient version
- an implementation guide including the audit protocol and how to involve users in audit

A companion document, the National Institute for Clinical Excellence (NICE) short form guideline on pressure ulcer risk assessment and prevention (London: NICE, 2001 Apr. 14 p.) has been circulated to the following:

- Health Authority Chief Executives in England and Wales
- The National Health Service Trust Chief Executives in England and Wales
- PCG Chief Executive
- Local Health Group General Managers
- Medical and Nursing Directors
- GP partners in England and Wales
- Practice Nurses in England and Wales
- Consultants in the care of the elderly in England and Wales
- Orthopaedic Consultants in England and Wales
- Tissue Viability Society Members
- The National Health Service Director Wales
- Chief Executive of the National Health Service in England
- The National Health Service Executive Regional Directors
- Special Health Authority Chief Executives
- Community Health Councils in England and Wales

- Patient advocacy groups
- Commission for Health Improvement
- National Health Service Clinical Governance Support Team
- Chief Medical and Nursing Officers in England and Wales
- Medical Director & Head of The National Health Service Quality – National Assembly for Wales
- Clinical Effectiveness Support Unit – Wales
- Representative bodies for health services, professional organizations and statutory bodies, Royal Colleges

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Royal College of Nursing. Pressure ulcer risk assessment and prevention. London: Royal College of Nursing; 2001 Apr. 36 p. [70 references]

ADAPTATION

Guideline was adapted from Agency for Health Care Policy and Research [AHCPR]* 1992 guideline titled "Pressure Ulcers in Adults: Prediction and Prevention (Rockville [MD]: U.S. Department of Health and Human Services, Public Health Service, AHCPR; 1992 May. 63 p. [Clinical practice guideline; no. 3]). See the National Guideline Clearinghouse (NGC) Guideline Summary for this guideline, Pressure Ulcers in Adults: Prediction and Prevention.

*Currently known as the Agency for Healthcare Research and Quality (AHRQ)

DATE RELEASED

2001 Apr

GUIDELINE DEVELOPER(S)

Royal College of Nursing - Professional Association

GUIDELINE DEVELOPER COMMENT

The Department of Health of England and Wales commissioned the Royal College of Nursing Institute to develop a pressure ulcer guideline prior to the establishment of the National Institute of Clinical Excellence.

SOURCE(S) OF FUNDING

Supported by funding from the Department of Health of England and Wales.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Authors: Ms Jo Rycroft-Malone, Ms Elizabeth McInness

Consensus development method guidance provided by Dr Nick Black

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

No obvious biases of the funding bodies became apparent during the development of this guideline.

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Royal College of Nursing (RCN) Web site.

Print copies: Available from the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Rycroft-Malone J, McInness E. Pressure ulcer risk assessment and prevention. Technical Report. London: Royal College of Nursing, 2000. 105 p.

Electronic copies: Available in Portable Document Format (PDF) from the Royal College of Nursing Web site.

Print copies: Available from the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN.

The following is also available:

- NICE short form guideline on pressure ulcer risk assessment and prevention. London: National Institute for Clinical Excellence (NICE), 2001 Apr. 14 p. Available in Portable Document Format (PDF) from the National Institute for Clinical Excellence Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455, ref: 23643. 11 Strand, London, WC2N 5HR.

PATIENT RESOURCES

The following is available:

- Working together to prevent pressure sores - Guidance for patients/carers. London: National Institute for Clinical Excellence (NICE), 2001 Apr, 10 p. Available in Portable Document Format (PDF) from the National Institute for Clinical Excellence Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455, ref: 23644. 11 Strand, London, WC2N 5HR. A bi-lingual patient leaflet is also available (ref: 23651).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

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Date Modified: 11/8/2004


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